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QU:SPOT1-USE HJ: MSG:Dr. Paul Peters intvw

Verified accurate transcript by Harry Livingstone

Interview with Dr. Paul Peters, Parkland Hospital

C. Dr. Peters, in your testimony before the Warren Commission, you characterized the head wound as being in the right occipital-parietal area.

A. That's correct.

C. (Reads) ``There was a large defect, there appeared to be bone loss and brain loss in that area.'' And you still stand by that?

A. That's correct.

C. OK. We have brought along a model of a human skull and we would ask you to draw on that exactly where you saw the wound.

A. It's in that? OK. Sure.

C. We have a magic pencil here. If you would use, mind using this one, it'll. We can then, since we only have one of our friends here, it's a little fine point but if you can draw it would be helpful.

A. Yeah. I mean that's just about the way I remember it.

Q. I see. That small? That's interesting

A. Well, that's about 7 cms. I suspect, let's see.

Q. Well some people, some of the drawings of it that we've seen somewhat larger.

A. Oh, I know that it's bigger than that now, because I've seen the x-rays but that's the way I remember it, see.

Q. That's considerably further in the parietal than the occipital, then.

A. This is the occipital area right here, see. It's well down in. I think occipital-parietal decribes it pretty well.

Q. Let's have that flat drawing there. The large one?

A. I think you might be right, maybe I could come down here a little.

Q. Could you just duplicate it in terms of this flat drawing on the.

A. Yeah.

Q. Maybe we'd better.

A. I'm drawing it just the way I remember it, looking at it that day.

Q. OK. I'll put your name on this, Dr. Peters, so we'll know this was your. Does this conform to the, does the skull drawing conform to the

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paper drawing in your mind or should the skull (drawing) be lower.

A. Well, perhaps the skull drawing should be just perhaps a centimeter or. No, that's just about right. I'd say, that's just about right. It might be a little bit lower. I'm not sure that skull occipital bone comes up quite proportionately, in the skull that you have, but that's just about the way that I remember it. I'll stick with that.

C. We don't need to and don't want to rehash everything that went on in that trauma room that day because obviously you've put yourself on record several times oficially. Could you just though just outline for us what your sort of vantage point, your angles of view were, in looking at this would?

A. Well, the President was lying in the supine slight Trendelenburg position, and I was standing most of the time on the right side of his body. Just about the level of his abdomen, and Dr. Baxter was just superior to me on the left side, on the patient's right side, that is.

C. Mind if I shut the door?

A. No,that's fine. And Dr. Perry was across opposite the president's chest on the left side where he was massaging the heart and directing the efforts.

C. So Dr. Baxter was on your left?

A. That's correct. Then when Dr. Jenkins commented that we'd better take

a look at the brain before deciding whether to open the chest and to massage the heart with our hands, we stepped up and looked inside the skull and that's how I made note in my own mind of where the wound was in the skull.

Q. Was that wound then, I would gather, readily visible, even without moving the President's head, as he lay on the back of the head.

A. Oh, yes, that's right, that's right. That's why I think that this isn't too far off right here.

Q. Did someone at some point pick up the head in some fashion, to try to get a closer look at it, to see.

A. Well, I think we inspected it carefully but I don't think anyone actually just, after we started the resuscitative efforts, picked it up and moved it around much, at all. I couldn't say, though. There were several people in the room, and we were paying attention to what we were doing. I didn't notice anyone move the head.

Q. But you would say you had a good opportunity to examine the head wound?

A. Yes.

Q. You may have seen this photograph, or tracing of a photograph, to be more precise, published in one of the appendices of the House Committee

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report on page 104 there. It purports to be a rear view of the president's head, a tracing of a photograph taken at the autopsy.

In light of what you've just drawn for us, does that tracing of a photograph (Ida Dox), which again purports to be accurate to the hair, conform to what you saw of the President's head.

A. Well, it doesn't look quite like what I had in my mind's eye, but it does show one thing, I think, that's important. It shows what may be a wound of entry in the occipital area.

Q. You're referring to the cowlick area?

A. That's right. And at the time that President Kennedy was treated at Parkland Hospital, we did not know that the wound of entry was there. We saw during the few brief moments we attempted to resuscitate him, the wound of exit, I must presume, because it was the large wound, about 7 cms. in diameter. I estimated it at the time.

Q. You're referring to the gaping wound, that you've just drawn?

A. That's correct, in the occipital-parietal area.

And later, when the autopsy was done in Washington, we were told, and it has been documented by others, that there was a smaller wound in the skull which we had not seen at the time we attempted to resuscitate President Kennedy. Presumably that was a wound, a tangential wound of entry, and the large wound that we saw was the wound of exit.

Q. Was that picture consistent with what you saw at the time, do you find

any inconsistency?

A. Well, this is an artist's drawing, and I don't think that it's consistent with what I saw.

Q. Would you characterize what you've drawn here in layman's terms, we've used the phrase occipital-parietal. Hardly laymen's terms, actually. I know, it's medical terms. In laymen's terms, would you characterize what you drew as being in the right rear of the head?

A. No, it's more than just in the rear. It's to, in the rear and to the side, that's the parietal area. So it's in the back and the side of the head. I would say, in laymen's terms.

Q. OK, so if that picture is accurate, say, assume it's an accurate rendition of a photograph, that drawing there on page 104 of the House Committee, appendix 7. There does appear, though, to be some inconsistency with what you recall of the way the head looked.

A. Yes, however, I do note that in this drawing the President's head looks like it's been lifted up and twisted slightly, so that may give a different perspective than when he was lying straight and vertical position, straight in the supine position, I should say, and so, looking at the drawing here, one doesn't see that he could look directly in and see the brain, which we could do at the time of the injury. It may be that the artist depicted it that way for a certain reason, which is known

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only to him.

Q. But if that, let's assume just for the purposes of argument, assume that were a photgraph, rather than a drawing.

A. But it isn't a photograph.

Q. OK. But it's purported to be a tracing made from a photograph. And people who have seen it say that it's accurate to the hair, people who have seen the actual autopsy photographs, say that there is no question about the accuracy of that tracing.

A. Well, I know that that day when I looked in the President's head, I could see the brain, and I can't see it looking at the back of this picture. Now it may be that it's turned away from me.

Q. Would that be?

A. Because they're attempting to depict that by this flap of bone lying here at the side in the drawing.

Q. Some of the doctors have said the president's head was lifted up and that a light was shined in the rear of the head to examine the wound more closely. Do you recall anything like that?

A. I don't recall that. But someone might have done that before I arrived.

Q. If I can just go back, Ben. Since we can't prove to any of our satisfaction at this moment that that drawing is in fact accurate and completely represents a photograph on which it was based, if we assumed it were, if it turned out that it were, and if we assumed it were, would you, are you saying you still could believe that that photograph shows the head as you saw it? Based on the way it might have been turned or whatever, or not?

A. Well, this drawing does not represent what I carry in my mind's eye as being the nature of the wound. However, the head is in a different position in this drawing and the wound of, the presumed wound of entry we did not see. And that is obviously one of the major purposes of this drawing, to illustrate the wound of entry.

Q. OK.

A. And so the head is in a different position here than it was when President Kennedy was lying in the supine Trendelenburg position when we attempted to resuscitate him.

Q. OK. And given that, are you saying in fact that, are you or are you not saying that could not be the President's head as you saw it?

A. Well, I don't think I could say that. I think one of things the author was trying to depict is probably pretty accurately depicted here, the wound of entry. The wound of exit, if I may call it that, is not as I

(MOFF)

Same as Humes testimony to Dulles - WC

remember it.

Q. All right, fine. Could I ask you this? You were on record before the Warren Commission as calling it occipital-parietal.

A. Could I say one other thing too? This might be due just to the quality of reproduction, too. For example, if this were brain here, and it's just blacked out for purposes of making it less undesirable to look at, it would be close to being accurate. If that is meant to be hair then I would say that that is not accurate.

Q. You're referring to what now?

A. This black area beneath the thumb of the hand shown elevating the scalp there. This area right in here. If that were depicted as brain tissue, then it would be close to being very accurate I would say.

Q. Do you recall being interviewed about two or three years after the assassination by David Lifton?

A. I don't recall that specifically, but almost every month someone comes by to talk to us, you know.

Q. Are you familiar with the name? He's written his new book called ``Best Evidence.''

A. I'm not familiar with the book.

Q. It's this new book.

A. But I do recall that name, but.

Q. He (Lifton) quotes you at some length. I'd like to just read you the quote, if you could tell me if it's accurate. The first quote, he says he had a telephone conversation with you.

A. That's all I do remember is. I think he was in Florida or something. He called me from long distance.

Q. You said, (reads) ``I could see the back of his head quite well. The whole occipital area was blown out.''

A. Well, that isn't accurate at all. The wound was an occipital-parietal wound.

Q. Ok. ``And the skin was showing.''

A. I'm sure that I must have said that before Mr. Lifton interviewed me.

Q. He (Lifton) goes on to quote you this way. (reads) ``Trying to impress upon me the location of the wound he saw, Dr. Peters said, I'd be willing to swear that the wound was in the occiput, you know. I could see the occipital lobes clearly, and so I know it was that far back on the skull. I could look inside the skull and I thought it looked like the

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cerebellum was injured or missing because the occipital lobe seemed to rest almost on the foramen magnum. Now I didn't put my hand inside his head and lift up the occipital lobes, because I wasn't about to do that under the circumstances. But it looked like the occipital lobes were resting on the foramen magnum. It was as if something underneath them that actually kept them up from that a little ways, namely the cerebellum and brain stem, might have been injured or missing.''

A. Well, I would say that's pretty accurate about what I thought at the time. But Dr. Lattimer from New York who was privileged to view the autopsy findings told me that the cerebellum did appear to be intact. So, if I say, what I have reasoned since then is that probably what had happened was that part of the cerebral hemishere had been shot away, which caused the occipital lobe, you see, to fall down. So rather than the props underneath it being destroyed, part of it was actually destroyed. Is that clear? If I can draw that for you.

Q. Sure.

A. See, if we look at the back of the brain, I'm afraid I'm not much of an artist, but this is a rear view. And I thought that perhaps some of this part of the brain was missing, see, and had caused this part to fall down. Is that clear? But instead, I think what had happened is, that part of this part had been blown out from the inside and actually caused it to appear skrunken because some brain tissue was actually missing from this side. And that this cerebellum, which I thought was gone, was actually intact. Do you see?

Q. I see what you're saying.

A. Some of the loss of this stuff in here caused the brain to fall down, and having seen some pictures of the Zapruder film since. You have to remember, I've been an American all this time too. And so I'm subject to what I've learned from reading and looking since. So I think in these examples you've read to me, one is just an almost exact quote of what I thought, if you had interviewed me five minutes afterwards. The other is tempered a little bit by what I too have learned, you know, in the.

Q. Could you have seen the foramen magnum, though?

A. No, no. And I didn't say that I saw it. I said it appeared to be resting on that area since I know that. Let me open that up and I'll show you.

Q. Unfortunately it's glued shut.

A. Okay well, you can probably see it. Here it is right here. And so I thought, see, that this, I could see this was resting down here so I thought the cerebellum might be gone. But instead, it was probably the brain that had come down some from, part of it that had been destroyed from the effect of the high velocity missile wound.

Q. Did you see any cerebellar tissue at all?

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A. No, no. I just thought it was missing but it was probably because the tentorium over it was intact, you see. And it was occipital and parietal cortex of the brain that was missing.

C. OK. Let me ask you, there's another section here, he (Lifton) quotes. First of all he quotes a brief dialoge between you and Arlen Specter, the person who interviewed you, where you did refer to it as being in the occiput. You said, quoting you now (reads), ``I noticed there was a large defect in the occiput.''

A. Yeah.

Q. (reads) ``Specter, `What did you notice in the occiput?' Peters. `It seemed to me that the right occipital-parietal area, that there was a large defect. That there appeared to be bone loss and brain loss in the area.''

A. Yeah.

C. (reads) ``Did you notice any holes below the occiput? Say, in the area below here?' `No I did not.'

A. Do see why he asked me that question?

Q. Yeah. The entry wound.

A. He knew something at that time that I didn't know. Yeah.

Q. First (in Warren commission testimony) you say occiput, and then you go to occipital-parietal.

A. Yes, well, I think I was just trying to be more accurate. Occipital-parietal is what I would say.

Q. All right. Can I read you this other passage. Let me just step in for a second. I have darkened the line you drew there, Dr. Peters. Is that still accurate? Is that still the same line you drew?

A. Yeah. And you could argue with me that maybe I should have it a little bit lower, but that's pretty much it. If you'd like for me to make it one centimeter lower.

Q. Make it the way you feel it ought to be. If you think it's lower, make it lower.

A. Well, it wouldn't be much different, but I'll make it there. I wouldn't change it. That's the way I remember it at the time and that's what I want to put. Whether that proves to be accurate by the x-rays or not, I could care less.

Q. Let me just read you this one final section (of Lifton) continuing on from that. (reads) ``I asked Peters what he thought Specter meant by that question, `by a hole below the occiput.' `It was my impression,' Peters told me, `that he was referring to the wound at the back of the neck, and

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I didn't see any wound back there.' I asked, 'In other words, the wound you saw in the occiput was low enough that if Specter went any lower, he'd already be down in the neck.' 'Yeah, that's right,' replied Peters. I should have known this from studying Grant's Atlas of Anatomy etc., but I understood completely during my call to Peters. To eliminate any misunderstanding, I rephrased my question. Picture a wound located 21/2 centimeters to the right of the external occipital protruberance.'' which as you know is where they said the entry wound was in the autopsy. (reads) ``This was Humes' location for the entrance wound, 2.5 centimeters to the right and then slightly above. 'Where would that be in relation to where you saw Kennedy's wound?' 'That would be about the center of it, maybe,' said Peters.''

A. Yeah. I can draw where I think that would be.

Q. Well now, when you say that, are you referring to the gaping wound or to the entrance wound?

A. Here's what I would say. See, I don't know where that hole (entry) was.

Q. You never saw it.

A. No, we didn't turn the President over. So, but I suppose it must have gone in with the head down there like that. You know, that's just a guess, but I would say.

Q. But I think that. When you say, when you say, (reads) ``That would be

the center of it, maybe, if you're referring to the wound that you did see, not the entrance hole, aren't you? Aren't you referring to the gaping wound there?

A. Well, that's the only wound that I saw that I could comment on.

Q. Well, then this is not 2.5 centimeters to the right of the occipital protruberance, the wound that you've drawn, is it? The large wound.

A. Oh, yeah, I think so. Well, maybe not 2.5, but pretty close. This is the external occipital protruberance right here.

Q. Is that it or is that lower point?

A. Right here. Right here.

Q. Right. Well, your wound. That's the bullet hole.

A. That's the wound of entry.

Q. That's not the wound you're referring to here?

A. The wound in the neck is down here. We didn't see that either see. We didn't know about this wound or this wound at the time.

Q. Maybe I'm not making myself clear. When you're talking about the head

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wound you're referring to this (large exit) wound, right? This is the only wound you that saw.

A. That's the only wound that I saw, yeah. If you want to read that to me again, I can tell you.

Q. (reads) ``To eliminate any misunderstanding, I rephrased my question.

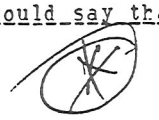
A. Let me interupt you a second. Let's go back above that just a minute. Go up there where it says Specter asked me about.

Q. (reads) ``I asked, `In others words, the wound you saw in the occiput was low enough, that if Specter went any lower, he'd already be down in the neck.' `Yeah, that's right,' replied Peters. I should have known this from studying Grant's Atlas of Anatomy.''

A. Alright, now. Just a second. See, part of that is what Mr. Lifton or whatever his name is, is saying, but what I thought that he was referring to was the neck wound at that time. You see, we did find out almost immediately after President Kennedy was taken to Bethesda that there was a hole in the neck that we had not seen at the time. Now Dr. Jenkins, I believe, has said later that he did see it. But I did not know that it was there at the time that we resuscitated President Kennedy. There is therefore, there are two wounds that we didn't know about at the time. The one in the neck posteriorly and then what was subsequently found underneath the hair, the wound of entry in the occipital area on the right side.

Q. The way I read this (Lifton), maybe you should just read it, rather than me reading it to you. The way I read it (Lifton), you're saying that the center of the gaping wound that you did see was 2.5 centimeters to the right of the occipital protruberance.

A. Well, I wouldn't say that was the center of it. I would say that was about where it began. Yeah.



Q. This bottom passage.

A. Yeah. Well, now, look at Specter's question. (reads) ``Did you notice any holes below the occiput, say in this area below here.'' Well, what he was he pointing to?

Q. Yeah, it's leading question.

A. Was he pointing to, if he was pointing to the neck, which is what I think at the time, Mr. Specter, see, wanted to know if I had seen the wound in the neck, which was the first wound of entry. Do you understand what I'm saying? See the bullet went in here (back of shoulder) and came out here (throat). That was the first wound of entry. And he wanted to know if I had seen that, and we had not, because we hadn't turned him over. I had not seen it, at least. Whether Dr. Jenkins saw it or not, I don't know. But it's my impression at the time that none of us knew that it was there. Now Dr. Perry might be able to respond to that better, because he had been there a few minutes, and so had Dr. Jim Carrico,

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before I arrived.

Q. As to the bottom half of that picture?

A. What I actually thought, attending President Kenredy at the time was, that he had had a bullet wound that came in his neck and had hit the vertebral column and had then deflected out the back of his head.

Q. Came in the neck from behind?

A. Yeah, see because that was a reasonable.

Q. You said that defied imagination.

A. That was a wound of entry and a wound of exit, though, see? And I've learned, of course, since then, you know, after all I didn't know how many shots had been fired or anything.

Q. But I think you said at the time, you were hypothesizing that to the Warren Commission, you said that that would be difficult. That would tax the imagination.

A. Yeah, but with the high velocity of the missile striking, you'd think it would just go right on through. But bullets, when they're coming in at high velocities get deflected in strange ways, sometime. I've seen them deflected internally into blood vessels in the body. And zip right down the blood vessel once the pathway was started. But that's what we thought at the time, see? Plunk, plunk. But it was only a few hours later when

we began to get calls back from Bethesda, that we learned that there was a wound in the back of the neck that had gone through, see? And that he had been hit twice, and of course the Zapruder film subsequently showed that.

Q. Could you examine the last half of that (Lifton passage) though, that page, and tell me if that's squares with what you told him?

A. Well, it says, (reads) ``and I didn't see any wound back there.'' That was true. I hadn't seen it. Because I hadn't looked. He doesn't go ahead and add that. That would have sure clarified it if he had said, ``I didn't see any wound back there because we did not examine the back of the President's neck at that time.'' (reads) ``In others words, the wound you saw in the occiput was low enough that he'd already be down in the neck.'' That's correct. In other words, a wound of entry much below here, would have been almost down the neck. You know, if you had a person here with muscles coming up to the back of his head and everything, if he were shot right about there that would be the neck. As you look at somebody from behind, see. But what I think is, based on what we've learned, this is the wound of entry and that was the wound of exit and there was a second wound about here that went out through the trachea in front.

C. When you were hypothesizing that possibly a bullet might have hit the spine and deflected up. Were you thinking of a wound coming from behind or from the front?

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A. From behind.

Q. Because at that point you hadn't seen the wound in the back, even that one?

A. Well, I'd seen this wound here.

Q. So you were just thinking that somewhere there had to be another wound in order to commit this?

A. Well, sure. That was a wound of exit. Where was the wound of entry.?

Q. It couldn't have been through the throat and then up?

A. Yes. Uh, huh. It could have been, see? At the time we thought that, yes. See, we thought, remember, it had come in and hit the vertebral spine and been deflected out through the back of the head. But it's not too likely.

Q. Is that what you meant by taxing the imagination.

A. Yeah.

Q. Rather than coming in from the back and up?

A. Well.

Q. You suggested that too, didn't you?

A. What I thought at the time was, as I told you, that he had been shot in the neck. See, it was only, it was going to be a few hours before I would know that the bullets were fired from behind. I thought, seeing the patient, if I had just walked in now and saw a patient like that who had a small hole in his neck and a large wound in the back of his head, I would have thought the bullet had entered here and exited through the back of his head. That's what I thought at the time. But then when we began to get more information, that there was a wound in the back of the neck, and also a second hole was found in the skull, and I learned the President had been shot twice. Why, there were other explanations that appeared more rational.

C. OK. Let me show you another drawing now, based on.

A. Is this yours? Yes, just put it back there. I'll take that book, if you want. You might want to read that book, you're in it quite a bit.

Can I ask you to look at this, Dr. Peters? This is a drawing done by an artist for a book based on the description of the head wound given by Dr. McLelland to the Warren Commission. He didn't prepare it. But someone using his words drew this, and this is that interpretation. You've probably seen that. The rear head wound. How does that square with your recollection?

A. Well. It's not too far off. It's a little bit down in the occipital area, is what I would say. It might be just a little bit low. But it's

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not too bad, it's a large wound, and that's what we saw at the time.

Q. You've put. How about the size of the wound? Is that roughly accurate?

A. I would say that it perhaps is a little more near the midline in this drawing than I remember it. But it's not too far off.

Q. You remember it being further to the right, is what you're saying?

A. Well, let me put it this way. It wasn't quite as open to the left, and it was a little bit more up on the occipital-parietal area, than this drawing.

Q. Do you find? Those, (his skull drawing vs. McLelland) to my eye, look quite different. Are they not so to yours?

A. Well, I would say that it's a little bit lower in this drawing than I would have drawn it here.

Q. How much lower?

A. Oh, two or three centimeters.

Q. So you recall it, is it fair to say that you recall roughly the same size and shape of this wound, only you have placed it.

A. Further forward.

Q. Two or three centimeters higher on the head?

A. Uh, huh. (agrees)

Q. And further to the side, or just simply higher?

A. No, I'd say it's a little further to this right side. Let me put it this way. It doesn't go quite so far to the left. This part of it, I would say, is about

Q. Less of a square, more of a.

A. Yeah, it's trapezoid, trapezoidal.

Q. So two or three centimeters. end side I.

Q. Just to repeat, you just said, and not so much to the left, Dr. Peters?

A. That's right.

Q. Somebody, a researcher, you've probably talked to a lot of these people over the years, sent you, somebody named Harrison Livingstone sent you this same drawing and you apparently sent him this reply, marking that X as the location? Is that familiar to you?

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A. Yes.

Q. And do you stand by that as the location of the wound, roughly?

A. That's correct.

C. Were you intending to indicate.

A. In other words, the X to me indicates about where the wound was, rather than it coming down quite so far.

Q. Well that X, again I guess he just asked the same question, I'm still a little bit confused, doesn't that X represent a lower wound than you've drawn on this skull?

A. No, I think the X is about where the wound was instead of being down so far.

antagonism

Q. I understand, but doesn't that X there, that you've drawn, represent a lower wound than this (taps the skull) that you've drawn. In other words.

A. This is a lower wound than I have drawn for you today, that's correct.

Q. That's correct, but I'm saying.

A. But the X is about where the wound was. The X does not imply that that wound is exactly correct. The X applies about where I thought the wound of exit was.

those are the x-rays of President Kennedy's skull, I presume that they're accurate.

Q. Have you got anything else. Well, I guess, just whether you might be any help to us. I can turn the tape off. This will conclude the interview.

Taping resumes after off the record gap involving getting Peters' assistance in getting other doctors to grant interviews.

A. Due to a loss of brain substance from the occipital and parietal area rather than an injury to the cerebellum. Otherwise I think my observations have been pretty much accurate.

Q. Could you, is there anything you can suggest. We would at least like to be able to speak in a very brief fashion with for instance, Dr. Baxter, Jenkins, Dr. Clark.

A. You'll just have to ask them personally.

Q. We haven't had any luck in even getting them to take our calls. Well, who called you back indicating that.

End of Dr. Peters interview. third tape.

(END)

Q. Where is he going to be?

MR. HAWKS: That is what I am trying to find out. Mac is with him, trying to get the details, and he will call me or come in here. We will try to find out.

DR. PERRY: Can we go now?

THE PRESS: Thank you, Doctors.

MR. HAWKS: Your plans, what do you want to do?

Q. First, is there anything more about Mrs. Kennedy?

MR. HAWKS: Let's do some "supposing" because we need some planning for your press plane.

Q. How about Mrs. Kennedy? Has she gone back to Washington, or is she going?

MR. HAWKS: That is what Mac is trying to find out now. This takes a lot of doing.

Q. Can we stay here with the new President?

MR. HAWKS: If you want to stay here with the new President, if he stays here. I don't know that he is going to stay here. That is why I want to "suppose" here for a minute.

Q. Let's put it on the basis of what the new President does. If he stays, we stay; and if he goes, we go.

MR. HAWKS: Suppose the body goes back and the new President stays? Do some of you want to stay, or go?

Q. Stay with the new President.

MR. HAWKS: All right, that is what I wanted to find out. You know, there are buses and planes and things like that.

Q. I know I won't be going back in any case. Can I get my luggage back here? How do we get luggage on the press plane off of there?

MR. HAWKS: If we decide to spend the night here, we will get the luggage here. Don't worry about it.

Q. We have luggage in the wire car, but God